

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	R H		6126
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	#8	JL-516	07-24-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	Final	Original	11/01/01
2	Final	Original	11/01/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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1/2-24-01  
JL-516

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